

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up <u>On-Site</u> Off-Site Telemedicine	
Referred to: <u>X-ray</u>	Referred by: <u>Bashline</u>	Appt. Date/Time: <u>8-27-01</u>	
Specialty:	Drug Sensitivity: <u>NKDA</u>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>X-ray - Rt hand</u>			
Treatment to Date/Current Medications and Significant Medication History: <u>Fall getting out of shower 8-25</u> <u>swelling on Rt hand - Pain swelling</u> <u>4-5 MP area - R/O FX</u> <u>DR. DAVID BASHLINE D.O.</u> <u>[Signature]</u> <u>8-26-01</u> Signature of Referring Physician Date			
Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:	Date:		
UR Decision: (Circle)	Approval	Disapproval	Date:
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<u>DONE 8/27/01 @ 0945</u> <u>gate add on - not</u> <u>on x-ray callout</u> <u>LINDA HELGERT, R.T.</u> <u>[Signature]</u>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441
(Revised 1-01)

Inmate Name: Greene, Tyronne
Inmate Number: EP 4593
DOB: 1-23-70
SCOT [Signature]

FA

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up On-Site <u>Off-Site</u> Telemedicine	
Referred to: <u>H. Andy Smith / Dr. Toy Smith</u>	Referred by: <u>Dr. Mark Baker</u> Medical Director	Appt. Date/Time: <u>Mon 8/27/01</u>	
Specialty: <u>MLH Orthopedics</u>	Drug Sensitivity: <u>N/A</u>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>~ Vt FR</u> <u>@hand FX 8/25/01</u> <u>Fall getting out of shower</u> <u>@hand dominant</u>			
Treatment to Date/Current Medications and Significant Medication History: <u>X-ray @ minimally displaced FX 4th metacarpal</u> <u>Proximally @hand (closed). - 100 R-2P</u> <u>Wds: Discharge by med, X-ray by radiol, Squeeze Sony PHS</u> <u>Dr. Mark Baker</u> <u>Medical Director</u> <u>Signature of Referring Physician</u> <u>8/27/01</u> <u>Telega PAC</u>			
Reviewed by Medical Director: (Circle) <u>Approval</u>	Disapproval	Forwarded to UR (Date):	
Medical Director Signature:	Date:		
UR Decision: (Circle) <u>Approval</u>	Disapproval	Date:	
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<p>ORTHO NOTE: Pain + swelling <u>(Rt)</u> hand 8/27/01</p> <p>X-ray: <u>(Rt)</u> Ring / small finger metacarpals</p> <p>Impression: <u>(Rt)</u> forearm + hand</p> <p>Plan: Ulcer gutter splint <u>(Rt)</u> forearm + hand</p> <p>Will follow up in ortho clinic 9/5/01 2:15 PM</p> <p>Rest/ice/elevate sling. Keep splint dry.</p> <p><u>Burling</u> ORTHO</p>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) <u>Initial</u> Follow-up On-Site <u>Off-Site</u> Telemedicine	
Referred to: <u>M. Anthony Smith / M. Tony Smith</u>	Referred by: <u>Dr. Mark Baker</u> Medical Director	Appt. Date/Time: <u>Mon 8/27/01</u>	
Specialty: <u>MC-H Orthopedics</u>	Drug Sensitivity: <u>N/A</u>	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>Wrist</u> <u>② Hand Fx 8/25/01</u> <u>Fall getting out of shower</u> <u>② Hand dominant</u>			
Treatment to Date/Current Medications and Significant Medication History: <u>X-ray ② minimally displaced Fx 4th metacarpal</u> <u>Proximally ② hand (closed) - 100 P-25</u> <u>Wrist: Displaced by 1cm, X-ray by 100, Sheehan 50mg P-25</u> <u>Dr. Mark Baker</u> <u>Medical Director</u> <u>Signature of Referring Physician</u> <u>8/27/01</u> <u>Telega PAC</u>			
Reviewed by Medical Director: (Circle) <u>Approval</u> Disapproval	Date:	Forwarded to UR (Date):	
Medical Director Signature:			
UR Decision: (Circle) <u>Approval</u> Disapproval	Date:		
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<p>ORTHO NOTE: Pain + swelling <u>②</u> hand 8/27/01</p> <p>X-ray: <u>⊕</u> fx <u>②</u> Ring / small finger metacarpals</p> <p>Impression: <u>⊕</u> <u>②</u> forearm + hand</p> <p>Plan: Ulnar gutter splint <u>②</u> forearm + hand 9/5/01 2:15 PM</p> <p>Will follow up in ortho clinic</p> <p>Rest/ice/elevate sling. Keep splint dry.</p> <p><u>Burling</u> ORTHO</p>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441
(Revised 1-01)

Inmate Name:

Inmate Number:

DOB:

Facility:

Green, Tyrone
EP4593
1/23/70

Dr. Mark Baker
Medical Director

Name TYRON GREEN

MILLCREEK COMMUNITY HOSPITAL

5515 Peach Street

Erie, PA 16509

Date 8/27/01ORTHOPEDIC INSTRUCTIONS

- ☒ Keep your cast/dressings clean and dry.
- ☒ Do not put anything inside your cast/dressings.
- ☒ Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- ☒ Check toes and fingers frequently for swelling.
- ☒ Move toes and fingers frequently to prevent swelling and stiffening.
- ☐ Do not bear weight for _____ hours on a walking cast.
- ☐ Always wear cast boot when bearing weight on walking cast.
- ☒ Wear arm sling _____
- ☐ Use your crutches as directed and always bring them to every appointment.
- ☐ Never trim or cut down the length of your cast by yourself.
- ☒ Call Millcreek Community Hospital at 864-4031 if:

- a. Pressure points or rubbing develops under your cast.
- b. Your exposed body area (fingers or toes) becomes numb or cool.
- c. Your cast softens, cracks, or breaks.
- d. You experience a significant increase in pain.

- ☐ You have a prescription for _____ take _____
- ☐ You have a clinic appointment at the hospital at 14:15 9/5/01 AM ☒ PM
- ☐ Call _____ (864-4031) at 8 AM on _____ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.

- ☐ Call the office (864-5455) today for an appointment for _____

- ☒ Your Attending Orthopedist is : TONY FERRETTI

- ☐ No school until _____

- ☐ May return to school _____

- ☐ No Gym until released by Attending Orthopedist _____

- ☐ No work until released by Attending Orthopedist _____

- ☐ May return to work _____

- ☐ ADDITIONAL INSTRUCTIONS

Rest / ice / elevateLight duty onlyDr. Mark Baker
Medical Director12/1
11b
MP

Name TYRON E GREENMILLCREEK COMMUNITY HOSPITAL
5515 Peach Street
Erie, PA 16509Date 8/27/01ORTHOPEDIC INSTRUCTIONS

- (✓) Keep your cast/dressings clean and dry.
- (✓) Do not put anything inside your cast/dressings.
- (✓) Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- (✓) Check toes and fingers frequently for swelling.
- (✓) Move toes and fingers frequently to prevent swelling and stiffening.
- () Do not bear weight for _____ hours on a walking cast.
- () Always wear cast boot when bearing weight on walking cast.
- (✓) Wear arm sling _____
- () Use your crutches as directed and always bring them to every appointment.
- () Never trim or cut down the length of your cast by yourself.
- (✓) Call Millcreek Community Hospital at 864-4031 if:
 - a. Pressure points or rubbing develops under your cast.
 - b. Your exposed body area (fingers or toes) becomes numb or cool.
 - c. Your cast softens, cracks, or breaks.
 - d. You experience a significant increase in pain.
- () You have a prescription for _____ take _____
- () You have a clinic appointment at the hospital at 14:15 AM (PM) on 9/5/01.
- () Call _____ (864-4031) at 8 AM on _____ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
- () Call the office (864-5455) today for an appointment for _____
- (✓) Your Attending Orthopedist is : TONY FERRETTI
- () No school until _____
- () May return to school _____
- () No Gym until released by Attending Orthopedist _____
- () No work until released by Attending Orthopedist _____
- () May return to work _____

() ADDITIONAL INSTRUCTIONSRest / ice / elevateLight duty onlyDr. Mark Baker
Medical DirectorF2P1 / 11b

No. _____

CONSULTATION RECORD

Part A: To be completed by referring institution:		Type of Consult: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site
Dr. Tony Ferretti 5451 Peach St. Erie, PA 16509 Specialty: Orthopedics	Referred by: (physician name) Dr. Mark Baker Medical Director	Appt. Date: <u>Fri 9/14/05</u>
		Appt. Time:
Drug Sensitivity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		
Copies of lab and X-ray results attached? Yes No If yes, specify:		
Reason for Referral: <u>Dr. A 9-501 1415 hr 9/14/05 SP - @ 4th + 5th metatarsal for</u>		
History of Injury/Problem: <u>(P-241) - bruising P-251</u> <u>dx</u> <u>no other major trauma (PFA - 10/1)</u>		
Treatment to Date/Current Medications and Significant Medication History:		
Dr. Mark Baker Medical Director <u>[Signature]</u> Signature of Referring Physician Date		
<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Medical Director Signature: _____ Date: _____		
Transmittal Date: _____ Transmitted By: _____		
Approval Date: _____ Approved By: _____		
Part B: To be completed by consulting Physician and returned with officer to the institution:		
Diagnosis and Recommendations: <u>No Show -</u> <u>Ref outside Ortho clinic @</u> <u>MCH. Rebecca Gould</u> <u>Clinical Specialist</u> <u>[Signature]</u>		
Signature of Consulting Physician _____ Date _____		

Consultation Record
 Commonwealth of Pennsylvania
 Department of Corrections
 DC-441

Inmate Name: Greg Tross
 Inmate Number: 04593
 DOB: 1-13-64
 Institution: SCI Allegheny

(FD)

[Signature]
9-14-05
(13)

No. _____

CONSULTATION RECORD

Part A: To be completed by referring institution:		Type of Consult: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> On-Site <input checked="" type="checkbox"/> Off-Site
Dr. Tony Ferretti 5451 Peach St. Erie, PA 16509 Specialty: Orthopedics		Referred by: (physician name) [Signature] [Title] Appt. Date: Fri 9/14/01 Appt. Time:
Drug Sensitivity: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify)		
Copies of lab and X-ray results attached? Yes No If yes, specify:		
Reason for Referral: Jv at 9-501 1415 hr total SPA - (P-241) - 6mmHg R-251		
History of Injury/Problem: Date of Onset: (P-241) - 6mmHg R-251		
Treatment to Date/Current Medications and Significant Medication History:		
Dr. Mark Baker Medical Director [Signature] Signature of Referring Physician Date:		
<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Medical Director Signature: Date:		
Transmittal Date: Transmitted By:		
Approval Date: Approved By:		
Part B: To be completed by consulting Physician and returned with officer to the institution:		
Diagnosis and Recommendations: No Show - Ref Offside Ortho Clinic @ MCH. Rebecca Gould Clinical Specialist [Signature]		
Signature of Consulting Physician Date:		

Consultation Record
 Commonwealth of Pennsylvania
 Department of Corrections
 DC-441

Inmate Name: George Trone
 Inmate Number: 514593
 DOB: 1-23-74
 Institution: SCI Albion

(FD) 9-14-01

CONSULTATION RECORD

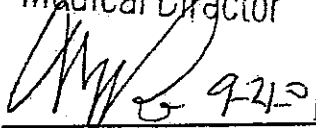
Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up <u>On-Site</u> Off-Site Telemedicine
Referred to: Dr. T. Ferretti - mch ortho clinic	Referred by: Dr. Bashline	Appt. Date/Time: Fri 10/12/01 0930
Specialty: Ortho.	Drug Sensitivity: NKDA.	Copies of relevant health information attached: (circle) <u>Yes</u> No X-rays.
Reason for Referral/ History of Present Illness/Injury: Flu - S/P @ 4th & 5th metacarpal fx (8/27/01)		
Treatment to Date/Current Medications and Significant Medication History: Pt in ulnar gutter splint. Pt "No show" 9/14 onsite clinic		
Reviewed by Medical Director: (Circle) <u>Approval</u> Disapproval Medical Director Signature: <u>[Signature]</u> 9-17-01 Date: 9-17-01		Forwarded to UR (Date): Date:
UR Decision: (Circle) <u>Approval</u> Disapproval Date:		
Part B: To be completed by consulting Physician and returned with officer to the institution:		
<p>9/20/01 Dr. Ferretti v.s. to perform AP/Lat/Oblique Xray thru splint & we will take to mch for review by Ortho Surg. Reschedule at 10/22/01 onsite clinic unless decided necessary to be seen prior to that clinic. Will await Dr. Ferretti's orders. Please send <u>Hand</u>: Splint intact - had been removed as per <u>Arlene Bevan</u> Site Administrator 10/12/01</p> <p><u>Arlene Bevan</u> Site Administrator 10/12/01</p> <p><u>Dr. Bashline</u> 10/12/01</p>		
Signature of Medical Director Date/Time: <u>Don DVM (D.T.) APRN 1/11</u>		Signature of Consulting Physician Date/Time: <u>[Signature]</u> 10/12/01

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441 Mark Baker (Revised 1-01)
Medical Director

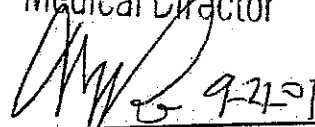

Inmate Name: Greene, Tyrone
Inmate Number: EP 4593
DOB: 1/23/20
Facility: Alabion,

FA

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine			
Referred to: <i>X-ray</i>		Referred by: <i>D Baker</i>		Appt. Date/Time:	
Specialty: <i>note</i>		Drug Sensitivity:		Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <i>Ⓡ hand</i> <i>AP/LAT/oblique thorax splint</i>					
Treatment to Date/Current Medications and Significant Medication History: <div style="text-align: right;"> <i>Dr. Mark Baker</i> <i>Medical Director</i>  Signature of Referring Physician Date <i>9-21-01</i> </div>					
Reviewed by Medical Director: (Circle)		Approval Disapproval		Forwarded to UR (Date):	
Medical Director Signature:		Date:			
UR Decision: (Circle)		Approval Disapproval		Date:	
Part B: To be completed by consulting Physician and returned with officer to the institution:					
<div style="text-align: center;"> <i>DONE 9/21/01 @ 1019</i> <i>Gate add on - not</i> <i>on x-ray callout</i> <i>LINDA HELGERT, R.T.</i> <i>L Helgert</i> </div>					
Signature of Medical Director Date/Time			Signature of Consulting Physician Date/Time		

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up On-Site Off-Site Telemedicine			
Referred to: <i>X-ray</i>		Referred by: <i>D Baker</i>		Appt. Date/Time:	
Specialty: <i>note</i>		Drug Sensitivity:		Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <i>Ⓡ hand</i> <i>AP / LAT / oblique through splint</i>					
Treatment to Date/Current Medications and Significant Medication History: <div style="text-align: right;"> <i>Dr. Mark Baker</i> <i>Medical Director</i>  Signature of Referring Physician Date <i>9-21-01</i> </div>					
Reviewed by Medical Director: (Circle)		Approval		Disapproval	
Medical Director Signature:		Date:		Forwarded to UR (Date):	
UR Decision: (Circle)		Approval		Disapproval	
		Date:		Date:	
Part B: To be completed by consulting Physician and returned with officer to the institution:					
<div style="text-align: center;"> <i>DONE 9/21/01 @ 1019</i> <i>late add on - not</i> <i>on x-ray callout</i> <i>LINDA HELGERT, R.T.</i>  </div>					
Signature of Medical Director Date/Time				Signature of Consulting Physician Date/Time	

Inmate Name: *Green Tyone*

Inmate Number: *EP4593*

DOB: *1-23-70*

ALL in

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up <u>On-Site</u> Off-Site Telemedicine	
Referred to: <u>X-ray</u>	Referred by: <u>Dr. T. Ferretti</u>	Appt. Date/Time: <u>10/12/01</u>	
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes No	
Reason for Referral/ History of Present Illness/Injury: <u>X-ray @ hand pp & Lat oblique out of splint</u>			
Treatment to Date/Current Medications and Significant Medication History:			
		<u>[Signature]</u> <u>12/10/01</u> Signature of Referring Physician Date	
Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):
Medical Director Signature:		Date:	
UR Decision: (Circle)	Approval	Disapproval	Date:
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<u>DONE 10/12/01 @ 1008</u> <u>late add on - put on</u> <u>X-ray call out</u> <u>LINDA HELGERT, R.T.</u> <u>[Signature]</u>			
Signature of Medical Director Date/Time		Signature of Consulting Physician Date/Time	

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441
(Revised 1-01)

Inmate Name: Greene, Tyrone
Inmate Number: EP 4593
DOB: 1-23-70
William

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up <u>On-Site</u> Off-Site Telemedicine		
Referred to: <u>X-ray</u>	Referred by: <u>Dr. T. Ferrells</u>	Appt. Date/Time: <u>10/12/01</u>		
Specialty:	Drug Sensitivity:	Copies of relevant health information attached: (circle) Yes No		
Reason for Referral/ History of Present Illness/Injury: <u>X-ray @ hand AP & Lat Oblique out of splint</u>				
Treatment to Date/Current Medications and Significant Medication History:				
				<u>[Signature]</u> <u>12/10/01</u> Signature of Referring Physician Date
Reviewed by Medical Director: (Circle)	Approval	Disapproval	Forwarded to UR (Date):	
Medical Director Signature:		Date:		
UR Decision: (Circle)	Approval	Disapproval	Date:	
Part B: To be completed by consulting Physician and returned with officer to the institution:				
<u>DONE 10/12/01 @ 1008</u> <u>late add on - not on</u> <u>X-ray call out</u> <u>LINDA HELGERT, R.T.</u> <u>[Signature]</u>				
Signature of Medical Director Date/Time			Signature of Consulting Physician Date/Time	

CONSULTATION RECORD

Part A: Completed by referring facility:		Type of Consult: (Circle) Initial Follow-up <u>On-Site</u> On-Site Tele...	
Referred to: Dr. T. Ferretti - mch ortho clinic	Referred by: Dr. Bashline	Appt. Date/Time: 0930 Fri 10/12/01	
Specialty: Ortho.	Drug Sensitivity: NKDA.	Copies of relevant health information attached: (circle) <u>Yes</u> No X-RAYS.	
Reason for Referral/ History of Present Illness/Injury: Flu - S/P @ 4th & 5th metacarpal fx (8/27/01)			
Treatment to Date/Current Medications and Significant Medication History: Pt in ulnar gutter splint. Pt "No Show" 9/14 onsite clinic			
Reviewed by Medical Director: (Circle) <u>Approval</u> Disapproval		Forwarded to UR (Date):	
Medical Director Signature: <u>Dr. Mark Baker</u> Date: 9-17-01		Signature of Referring Physician: <u>Dr. David Bashline D.O.</u> Date: 9-14-01	
UR Decision: (Circle) <u>Approval</u> Disapproval		Date:	
Part B: To be completed by consulting Physician and returned with officer to the institution:			
<p>10/20/01 Dr. Ferretti v.s. to perform AP/Lat/Oblique X-ray thru splint & we will take to mch for review by Ortho Surg. Reschedule at 10/22/01 onsite clinic unless deemed necessary to be seen prior to that clinic. Will await Dr. Ferretti's orders. Arlene Bevan</p> <p><u>Pl</u> hand: Splint intact - had been removed as per <u>Se</u> <u>ed</u> <u>un</u> <u>used</u> - <u>found</u> <u>w/</u> <u>at</u> <u>tr</u> <u>u</u> <u>m</u> <u>/</u> <u>p</u> <u>a</u> <u>r</u> <u>t</u> <u>i</u> <u>c</u> <u>a</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> <u>2</u> <u>d</u> <u>o</u> <u>f</u> <u>p</u> <u>r</u> <u>o</u> <u>n</u> <u>a</u> <u>t</u> <u>i</u> <u>z</u> <u>a</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> <u>1</u> <u>0</u> <u>/</u> <u>2</u> <u>0</u> <u>/</u> <u>0</u> <u>1</u></p> <p>Palmarist @ 4th & 5th metacarpal @ hand</p> <p>Signature of Medical Director Date/Time: <u>Dr. Mark Baker</u> 10/11/01</p> <p>Signature of Consulting Physician Date/Time: <u>Arlene Bevan</u> 10/12/01</p>			

Consultation Record
Commonwealth of Pennsylvania
Department of Corrections
DC-441 Mark Baker (Revised 1-01)
Medical Director

Inmate Name: Greene, Tyrone
Inmate Number: EP4593
DOB: 1/23/70

FA

PROGRESS NOTES

[] Inpatient

[X] Outpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
7:00		PAE	S asked to evaluate by wrong superior, inmate
12:50	#3	II	Reports was poked in (L) eye 16 days ago states was put on Neolin Nalox by was had and watering but did not hurt so out to take medication until last out last out yesterday now 'has to be seen' O: (L) eye silica injected @ corneal abrasion noted FERREA EON's intact moderate clear discharge noted A: Trauma (L) conjunctivitis P: Cortisporin eye drops #17th (L) eye QID today RT of "redness and watering" does not (give) go away prior to medication. Dk eye med understanding. <i>T. Mowbray</i>
7:20		PAE	S here for AIMS test no med 205 TAMMY MOWBY, F
1:35	B		O see Bc 470 A: bipolar P: EKG/SMAAS ordered It as scheduled <i>TAMMY MOWBY</i>
8:25 1:30	WS9		No show, Psych med now compliance course <i>PA</i> <i>RAFFLUCAS, RN</i>

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: *Green, Tyrone*
Inmate Number: *EP4593*
DOB: *1-23-70*
Institution: *CIT All*

Date/ Time	Prob #	Abbreviation	Subjective, Objective, Assessment, Plan
8/25/01 2005	4	NSG.	<p>S: "I fell in the shower." O: VSS. 122/80, 95^b, 72, 16. Inmate claims to have fallen in shower while holding towel and then fell on floor. (R) hand in a fist position. Noted (R) hand edema, to antecubital of hand. Tendr to touch. ROM Very limited. N: alters. in comfort. P: 33° infirmary observation. 8:00 AM 120/74°, 74° (R) hand 120/74° x 74°. Cuckoo split to accuracy. To be in by Physician 8/26/01. — JOHN PURVIS, RN —</p>
8/26/01 8505	4	ny	<p>O: inmate slept throughout shift, actors upon waking, VSS, & verbal complaints throughout shift. (R) hand continues to re edema. — MARCIE KISH, RN —</p> <p>A: all comfort. P: assess hand as needed — M. Kish</p>
8/26/01 0730	4	NSG	<p>S: "I'm alright." —</p> <p>O: (R) hand to splint & ACE bandage intact. Pt. declined medication or ice, VSS; stated he wanted to rest; Appetite good; Resp. reg. & easy; SOB; & acute distress; — no voiced complaints. —</p> <p>A: Alteration in comfort. —</p> <p>P: Continue to monitor in infirmary. —</p> <p>— J. McDuff — JAMES McDUFF, RN</p>
8/26/01 1100	4	NI I	<p>S. Inmate seen in infirmary. —</p> <p>Pain swelling R hand - fall in shower last pass - Ender on hand -</p> <p>O: Penclerum; swelling at 4-5 MP area -</p> <p>A: Poss fx Metacarpal</p> <p>P: Will maintain splint & ace - Return in AM for Xray -</p> <p>— [Signature] —</p>

Date/Time	Prob #	Discipline Abbreviation	Rem Subjective, Objective, Assessment, Plan
8/25/01 2005	4	NSG.	S: "I fell in the shower." O: VSS. 122/80, 95 [°] , 72, 16. Inmate claims to have fallen in shower while holding towel and then fell on floor. R hand in a first position. noted R hand edema to antecubital of hand. Tendr to touch. ROM Very limited. A: alters in comfort. P: 33 [°] infirmary observation. Every 4 hours @ 30 PRN 24 [°] draw R hand @ 0 PRN 24 [°] check up splint & dressing. To be in by Physician 8/26/01. JOHN PURVIS, RN
8-26-01 NSG	4	ng	O: inmate kept through out shift, always after away, VSS, & verbal complaints through out shift. R hand continues to be edematous in R hand. A: all comfort. P: assess what as needed. M. Felt
8-26-01 0730	4	NSG	S: "I'm alright." O: R hand - splint & ACE bandage intact; Pt. declined medication or ice, VS; stated he wanted to rest; Appetite good; Resp. reg & easy; SOB; & acute distress; no voiced complaints. A: Alteration in comfort. P: Continue to monitor in infirmary. J. McSuffa JAMES McDUFFE, RN
8-26-01 1100	4	NSG	S: Inmate seen in infirmary. Pt. swelling R hand - fall in shower last pass - swelling on hand - O: R hand swelling, swelling at 4-5 MP area - A: Ross Rx Metacarpal P: Will maintain splint & ace - Return in AM for Xray -

PROGRESS NOTES

[] Inpatient

☒ Outpatient

Date/Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
3-26-01 1130	4	NSG	S: "I'm fine." O: Pt. released from infirmary per physician's order; no voiced complaints. A: Alteration in comfort. P: Follow w/ x-ray of R hand in Am; Pt. aware Pt. released to general population. James McDuff, RN
3/27/01 0902	4	CSPHS	Pt. Scheduled for onsite x-ray ~ R hand ~ on Mon 3/27/01. Consult forwarded to L. Helgert, RT. Rebecca Gould Clinical Specialist
3/27/01 005	4	AS I	S: Returned per request to R hand - clo. shipped in the shower 2 days ago O: PSTS dorsal hand - tend to pop out 4th-5th Metacarpal CMS intact XRAY P minimally displaced 4th Metacarpal head Fr. A - R hand Fr. P: Info MCHVA sent to Sec. Sec. Sec. to be notified by Admin. Asst. MCHVA to be notified by physician. A sen - R hand 9mm x 10mm
			Dr. Mary Baker Medical Director

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name:

Green, Tyrone

Inmate Number:

EP4593

DOB:

1/23/70

Institution:

SCI ALBION

PROGRESS NOTES

☒ Outpatient☐ Inpatient

Date/Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
8-26-01 1130	4	NSG	S: "I'm fine." O: Pt. released from infirmary per physician's order; no voiced complaints. A: Alteration in comfort. P: Follow w/ x-ray of R hand in Am; Pt. aware. Pt. released to general population.
8/27/01 0902	4	CSPHS	J. McDuff JAMES McDUFF, RN Pt. Scheduled for onsite xray ~ R hand ~ on Mon 8/27/01. Consult forwarded to L. Helgert, RT. Rebecca Gould Clinical Specialist RK Dined
8/27/01 1005	4	I	Returned per request to R hand - clo. shipped in the shower 2 days ago O: PSTS dorsal hand - tend to palpation 4th-5th metacarpal CMS intact XRAY @ minimally displaced 4th metacarpal head Fr. A: R hand Fr. P: Info MCHVA Antecan Biocast. Security to be notified by Admin. Asst. MCHVA to be contacted by physician. - A son (AKA) 9pm 2/24/01

Dr. Mark Baker
Medical DirectorProgress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: Green, Tyrone

Inmate Number: EP4593

DOB: 1/23/70

Institution:

SCI ALBION

Date/Time	Prob #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan
8/27/01 1628	4	CSPHS	Pt scheduled offsite @ MCH-ER this day ~ eval /tr @ hand fr. Security notified — Rebecca Gould Clinical Specialist
8/27/01 1705	489		S: "I FEEL FINE" O: IMMEDIATE RETURNED FROM ORTH HOSPITAL FR RT HAND. Splint/ arm sling initiated - needed NAC check RTHAND WNL. No C/O PAIN/ DISCOMFORT A. Action COMFORT. P. Released To New. Populinski Chart REFERRED TO DR. BARKER FOR FDR. Rx - FOLLOW UP CARE
9/14/01 1105	5	CSPHS	PT scheduled visit @ Dr. T. Ferretti on Fri 9/14/01 during the ortho clinic. Unable to schedule pt offsite due to scheduling & security concerns. Spoke @ Dr. Ferretti's staff re: this issue. ~ S/p fr. @ hand Rebecca Gould Clinical Specialist
9/14/01 1230	5	CSPHS	PT "No Show" for ortho clinic. Per Dr. Ferretti, pt is to be scheduled offsite @ MCH Ortho clinic for next w/in 2 wks. Rebecca Gould Clinical Specialist
9.17.01 1439	5	CSPHS	PT scheduled offsite @ MCH ortho clinic @ Dr. T. Ferretti on Wed 9/26/01 ~ red @ hand. Rebecca Gould Clinical Specialist

Date/Time	Prob #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan
8/27/01 1628	4	CSPHS	Pt scheduled offsite @ MCH-ER this day - eval by @ hand fr. Security booked - Rebecca Gould Clinical Specialist RH Gould
8/27/01 1705	45	CSPHS	S: "I FEEL FINE" O: IMMEDIATE RETURNED FROM MCH ER FX RT HAND: Splint/ mm skin WOUND - NEED NASC. CHECK RT HAND WNL. NO C/O PAIN/DISCOMFORT N. Pain COMFORT. P. RELEASED TO NEW POPULATION CHART REFERRED TO DR. BAKER FOD FOD - RX - FOLLOW UP CARE TOM HICKEY, RN
9/14/01 1105	5	CSPHS	Pt scheduled visit w/ Dr. T. Ferretti on Fri 9/14/01 during the ortho clinic. Unable to schedule pt offsite due to scheduling & security concerns. Spoke w/ Dr. Ferretti's staff re: this issue. ~ S/p fr @ hand Rebecca Gould Clinical Specialist RH Gould
9/14/01 1230	5	CSPHS	Pt "No Show" for ortho clinic. Per Dr. Ferretti, pt is to be scheduled offsite @ MCH Ortho clinic for re eval in 2 wks Rebecca Gould Clinical Specialist RH Gould
9/17/01 1439	5	CSPHS	Pt scheduled offsite @ MCH ortho clinic w/ Dr. T. Ferretti on Wed 9/26/01 w/ reval @ hand. Rebecca Gould Clinical Specialist RH Gould

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9-20-01		PAK	S.O. _____
1610	#9		O uo uem
			A fracture 4 th /5 th metacarpal (R) hand
			P. chart reviewed. Dr. Ferretti, in note was
			a no show for on site dx (9/14) discussed
			@ length will take xray on site, then
			transport to mch for review due to security
			issue of non emergent outside hrs will
			follow process per Dr. Ferretti direction
9/21/01		PAK	P. N/S PA/Silhouette R OAD h/a p. Dr. Ferretti
1005		I	
9/21/01		PAK	S. wants cast placed on (R) hand
1010	(19)	I	do excessive mut-in splint.
			admits to taking splint off to clean
			hand on a regular basis.
			O splint intact - ulnar gutter plaster splint.
			CMS intact. Capillary refill. sensation
			intact. DTS.
			A-S/P Metacarpal Fr 4 & 5 @ (R) hand
			P. X-ray done - to be taken for Dr. Ferretti's office for
			review. will H/S for TX plan in near future
			antibiotic until then. pt. wound & dressing Dr. Ferretti

Progress Notes

Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: Green Tyronne

Inmate Number: #4593

DOB: 1-23-70

Institution: Alhain

D. Telega PAC

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9-20-01		PAK	S.O.
1010	#9		O u w u m
			A fracture 4 th /5 th metacarpal (R) hand
			P. chart reviewed & Dr. Ferretti, in note was
			a to show for on site clinic (9/14) discussed
			@ length will take xray on site then
			transport to mch for review due to security
			issue of non emergent outside hrs will
			follow process per Dr. Ferretti direction
9/21/01		PAK	P. N/S PA/Silber = R 0900 hr apt. Dr. Ferretti
1005		I	
9/21/01		PAK	S. Warts cast placed on (R) hand
1010	(19)	I	do excessive nut in splint
			admits to taking splint off to clean
			hand on a regular basis.
			G. Splint intact - ulnar gutter plaster splint.
			CMS intact. Capillary refill. sensation
			intact. DTS.
			A-SIP Metacarpal Fr 4 & 5 (R) hand
			P. X-ray done - to be taken to Dr. Ferretti's office for
			review, will N/S for TX plan in near future
			cast splint until then. pt. w/ no wound

Progress Notes
 Commonwealth of Pennsylvania
 Department of Corrections
 DC-472

Inmate Name: Green Tyronne

Inmate Number: 4593

DOB: 1-23-70

Institution: Albin

D. Telega PAC

Date/ Time	Case #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan
10/1/01 1304	19	CS PHS	<p>Pl's offsite appt on 9/24/01 @ Dr. T. Ferretti has been M's for the 10/13/01 onsite clinic. X-rays reviewed by Dr. Ferretti on 9/21/01, healing well - no medical necessity to send pt. offsite. Rebecca Gould Clinical Specialist <i>RH Gould</i></p>
10/12/01 0950	19	CS PHS	<p>S: Ortho. clinic O: See DCU41 A: S/p @ 4th & 5th mc fx. P: X-ray OOS (done today). PT: RTC PRN. Pl voiced understanding. Rebecca Gould Clinical Specialist <i>RH Gould</i></p>
10/25/01 1335	19	PA	<p>S: Requesty Tolmatti R hand RASH also c/o ① Dea-clogged requesty gets in d also statz that did not repeatedly take splint off hand only x1 to wash hand. wants PT for hand. O: HEENT: came off by self (ACCLume loose). carotid sinus AS. Sk: (Scaly noted) Pain on @ hand. Muc bl'd: almost from @ wrist. grip strength 5. A: Tinea Mannu, Carcinoma AS, SIP Ex structure diff @ hand. P: Lec: Debaroxotic sch. ingests AS BUDx 52 AS Fluicil for ear irrig. Tolmatti 1% ant BUDx 30 ALF. Motrin 600mg PO q 4h x 30 ALF. instructed & demonstrated home exercises wmp @ @ @ @ to home PT. RASH scheduled for physical understanding. <i>RH Gould</i></p>
10-31-01		PA	<p>no show PA line 1340 appt no medical indication to reschedule. <i>Simone</i></p>

TAMMY MOWRY, PA

Date/ Time	Prob #	Discipline Abbreviation	Subjective, Objective, Assessment, Plan
10/1/01 1304	19	CS PHS	<p>Pl's offsite appt on 9/24/01 @ Dr. T. Ferretti has been K/S for the 10/13/01 onsite clinic. X-rays reviewed by Dr. Ferretti on 9/21/01, healing well - no medical necessity to send Pt. offsite. Rebecca Gould Clinical Specialist Rh. Gould</p>
10/12/01 0950	19	CS PHS	<p>S: Ortho. clinic O: See DC441 A: S/P @ 4th & 5th inc fx. P: X-ray OOS (done today) PT: PTC PRN. Pt voiced understanding Rebecca Gould Clinical Specialist Rh. Gould</p>
10/25/01 1335	19	PAC	<p>2. Leguerty told that he had razor also cut clean closed. Leguerty gets it also state that did not repeatedly take splint off hand only x1 to wash hand. wants PT for hand. O: HEENT: ^{came off by self (ACECume loose)} Cerumenosis AS Sk: @ Scaly noted Palmar @ hand. Mux: bl'd; almost from @ wrist grip tests. A: Trauma Mamm, Cerumenosis Au, S/P Fx structure diff @ hand P: Leguerty Debraxotic skin @ BLD x 52 hrs Fluor for ear irrig. To infiltrate 1% ant BLD x 30 dLF. Motin @ ant BLD x 30 dLF. instructed & demonstrated home exercises with @ ant pin to home PT. RT as scheduled & for physical understanding Rh. Gould</p>
10-31-01	19	PAC	<p>no show PA line 1340 appt no medical medication to schedule Rh. Gould</p>

TAMMY MOWRY, PA

PROGRESS NOTES

[] Inpatient

☒ Outpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
11-28-01		PAR	Sheet AMIS clinic
1505	C		O Dec 470
			A depression
			P Rt as scheduled TAMMY MOWRY, PA
3552		PAR	S 9 hemorrhoids noticed - 2 weeks ago clinic
1600	#	II	bleeding today more than anything
			O noted small unthrombosed mass noted
			@ 6 o'clock hemorrhoid; E internal lesion
			A hemorrhoids
			P: Disease 1% apply daily x 10 days
			↑ feeds especially to 8 pm used
			indistinctly TAMMY MOWRY, PA
3152	PAR		S 1505R 4/10
1315	(7)		O 5000/400
			A. asperophyllus list
			P lab 5 adme - testicular - expanded R/B
			Pt verbal understanding
3/25/02	#15	102015-01	Patient received health education with regard to TB prevention and treatment verbalizes understanding
			Pt. received Hepatitis C educational pamphlet and health education regarding access and screening process. Pt. verbalized understanding.
			HCV 4/01 - Blombar BARBARA MONROE, RI

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name:

Green Tyrone

Inmate Number:

EP 4593

DOB:

1-23-70

Institution:

SC1 Albion

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
4/14/02	1230	WSA-01	Telebinocular/Audiogram done per DOC policy. Passed _____; Failed No Show; Will reschedule & next time - Blom
4/23/02	8	NS6	Telebinocular/Audiogram done per DOC policy. Passed <u>X1</u> ; Failed referred to optometrist JENNIFER CURRAN, LPN
4/24/02	Adm/PHS		Pt sch'd onsite c Dr Baron during the 5/02 OPT clinic - refraction & Deborah Trimble Administrative Asst
5/17/02	8	RT/OC PHS	31 Opt clinic O: See DC441/451 A: Hyperopia P: Rx for glasses ordered. Proceed understanding. Wear as needed LINDA HELGERT, R.T.
6/5/02	8	RT/OC PHS	31 Eye clinic, new glasses O: See DC441/451 A: Hyperopia P: GLASSES RECEIVED BY INMATE. Express satisfaction. Informed pt of proper care of glasses, procedure for repairs & costs, involved care & his responsibility. Proceed understanding. LINDA HELGERT, R.T.

PROGRESS NOTES

[] Outpatient

[] Inpatient

Date/ Time	Prob #	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
9-27-02		PAE	S requesting refill Tolnattate states allergies
0920	19	HC	just came back
			① hand skin peeling
			A tuna man
			P. Tolnattate wear apply B.D. x 3 today (sua)
			Repm <u>Tammy Mowry</u>
			TAMMY MOWRY, PA
12-7-02	PAU	NSG	O: Placed in RHE No medical contraindications
1520			for RHE placement ——— D.D. Daniel Przybrowski RN II
12/20/02		PAE	S c/o @ hand pain N/E Ex in past @ Ants
1235	(19)		trauma "Achilles"
12/11			O: From distal wrist. pt points to 4th & 5th metacarpals xmas 10/12/01 @ Ex 4th & 5th metacarpals.
			A post traumatic @ hand
			on RHE; motor 200mg B.T.O.P. x 14 days. <u>Repm</u>
			pt not understanding
1/22/05		PAE	S c/o @ hand pain. c/o
1055	(10)		Stageset & motor "did it work"
	(24)		also ch joint pain on paws of scrot @ itchy "new"
			of help & Tolnattate. wants Andac Duet 2 GEMs.
			"Lofat"
			O: Xmas 10/12/01 @ hand Ex base 4th & 5th metacarpals

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Inmate Name: Green, Tyrone

Inmate Number: EP4593

DOB: 1-23-70

Facility: SCI Albion

1/22/05 PAC Grantalica > @macanath/kenya scot
 1/20/05 (24) Abd NT/MD @BTRXL - non
 (19) A. Post traumatic DVT @ hand, GED, N&AD gastritis, Throat Comp
 (25) P. NO VOTILE WORK IF T < 32°. Rec; Mication 2% co
 B/D x 300 PRF. And a Det x 1200 hrs. advised
 umB, P/D @ 11 hr apt - Rec; Carafate 1gm po QID
 motrin x 300 x 2 PRF. Motrin 400mg po QID PRF
 Carafate x 300 x 2 PRF. RCTH pharmacokinetics

2/20/05 (12) PH 5 lb diarrhea for Aug. stool soft then no
 (B/C) close x 2 weeks T stress related - > 500 Stent with
 stress exacerbates BMS TID peaty
 O Abd NT/MD, non pt in ward
 A suspect EBS w/o Depression, BMD.
 P Rec; Karpectate 30cc po QID PRF x 14 days. RCTH
 advised Flu & P. pharmacokinetics

3/20/05 15 1300 hrs O Patient received health education with regard to TB prevention and treatment verbalizes understanding
 Pt. received Hepatitis C educational pamphlet and health education regarding access and screening process. Pt. verbalized understanding.
 IACV @ 461 - Brown BARBARA MONROE, RN

4/28/05 PR 8 requests relief on Motrin and Carafate for
 1/4/30 #19 (R) hand pain
 (C) (B) hand - gross deformities noted Rm
 appears w/ neurovascular intact
 A Sp (R) hand to
 P Motrin 400mg po QID prn x 30 days PRF
 Carafate 1gm po QID x 30 days PRF
 discuss OT's RCTH and as scheduled, need
 understanding TAMMY MONROE, RN

PHYSICIAN'S ORDERS

Inmate Name: Green, TyroneInmate Number: EP4593DOB: 1-23-70Institution: SCI AlbionDrug Allergies: NKDASelf-Medication Program ☐ Yes ☐ No

Date/ Military Time	Prob #	DO NOT USE THIS SHEET UNLESS A RED NUMBER SHOWS
7-19-01	3	Contraception with birth control pills. 9/15/01 OS 9/14 X 1-2005-9/15
145		<i>[Signature]</i> DONALD E. BRIGHT, LPN Medical Director
7-20-01		SMA 25
135	B	EKG
		ANS WOUND
		<i>[Signature]</i> Dr. Mark Baker Medical Director
		<i>[Signature]</i> JODI EBRIGHT, LPN Medical Director
		7-20-01 133
8-1-01	4	23° drug therapy administration
2000		Prescription 0250 PRN X 24°
		0250 PRN X 24°
		JOHN PURVIS, RN
		Dr. Bashline / Dr. Bashline / Dr. Bashline 8/25/01, 8/25/01
		DR. DAVID BASHLINE D.O.
		<i>[Signature]</i> MARCIE KISH, RN II
		8-26-01 1100

PLEASE USE BALL POINT PEN ONLY

PHYSICIAN'S ORDERS

Inmate Name: Green, TyroneInmate Number: EP4593DOB: 1-23-70Institution: SCI AlbionDrug Allergies: NKDASelf-Medication Program ☐ Yes ☐ NoDO NOT USE THIS SHEET
UNLESS A RED NUMBER SHOWS

Date/ Military Time	Prob #	
7/19/01	3	Concussion on 7/15/01. 9/15/01 OS 9/14 X 10/15/01 9/14/01
145		<i>[Signature]</i> DOE, LPN 1707
7/20/01		SMA 25
1315	B	EKG
		ANUS wound
		<i>[Signature]</i> MOWRY, PA
		Dr. Mark Baker Medical Director
		<i>[Signature]</i> JODI EBRIGHT, LPN
7/20/01	4	23° defibrating alternation
2000		Per my motion 050 PRVX24°
		050 PRVX24°
		JOHN PURVIS, RN
		Dr. Bashline/Prisoner 8/25/01 9/20
		DR. DAVID BASHLINE D.O.
		<i>[Signature]</i> MARCIE KISH, RN II
		<i>[Signature]</i> 8-26-01 6500
		<i>[Signature]</i> 8/26-01 1100

PLEASE USE BALL POINT PEN ONLY